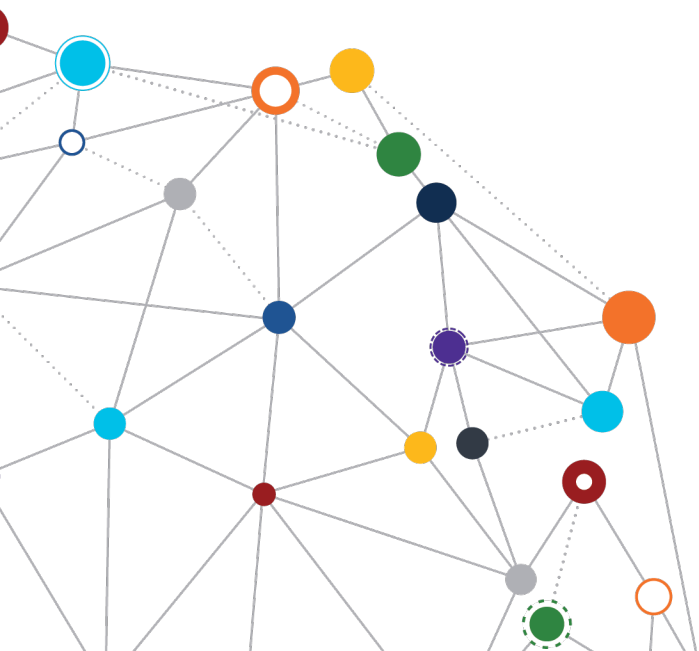# VS GUI User Guide Addendum

Release 1.7.37.0 Update

U.S. Department of Veterans Affairs

Office of Information and Technology

Enterprise Program Management Office

Revision History

Date	Revision	Description	Author
02/26/2023	1.0	Created Release Documentation	VSE PMO

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1   Introduction

Department of Veterans Affairs (VA) Veterans Health Information Systems and Technology Architecture (VistA) Scheduling Graphical User Interface (VS GUI) module is the Windows GUI version of the Patient Information Management System (PIMS) Scheduling module. It provides appointment management functions included in PIMS Scheduling, but with the added convenience and usability of a GUI.

1.1   Purpose

The Veterans Health Administration (VHA) Office of Integrated Veteran Care (IVC) requested an enterprise enhancement for the VS package that supports COVID-19 response. The enhancement reduces operating costs for VHA and improves operational efficiencies, resulting in patient-centered access to care, coordinated care, increased customer satisfaction, and the reduction of excessive cycle/wait time for scheduling patients.

1.2   Overview

VS GUI is a software module that allows schedulers to make appointments quickly by viewing multiple appointment request types and multiple clinics in one screen. A scheduler can easily view patient requests for service, find the next available open appointment, view the provider's availability in multiple clinics, and track a patient's appointment process. Refer to **System Summary** for a more detailed description of VS GUI functionality.

1.3   Disclaimers

1.3.1   Software Disclaimers

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1.4   Project References

1.4.1   Information

The VS GUI points of contact (POCs) include:

  » IVC Program Office – <mark>Redacted</mark>
  » TeleHealth & Scheduling Technical Director – <mark>Redacted</mark>
  » IVC Emerging Technologies Acting Legacy Program Manager – <mark>Redacted</mark>

VistA Scheduling (VSE) Resources

  » Veterans Health Administration (VHA) VSE SharePoint: <mark>Redacted</mark>
  » VA Software Document Library (VDL) – Scheduling (VSE manuals near the bottom): <mark>Redacted</mark>
  » National Return to Clinic (RTC) Order: <mark>Redacted</mark>

2   System Summary

The VSE project delivers a series of enhancements to legacy VistA Scheduling Version 5.3 via the VistA Scheduling (VS) Graphical User Interface (GUI) application.

This update is for the nationally released version 1.7.37.0, which includes VS GUI 1.7.37.0 and VistA patch SD*5.3*835. At time of publishing, install period is projected for February 2023.

VS GUI Release 1.7.37.0 contains one major user enhancement as well as various significant back-end updates. The user facing enhancement provides set users the ability to generate a list of veteran appointment requests. The back-end updates include Remote Procedure Call (RPC) modifications as well as new RPCs created to support future functionality. Major RPC updates include modifying the MISSION Act Eligibility logic for availability and rewriting contact attempt RPCs in the SDES menu option.

3   Key Feature Update in Version 1.7.37.0

3.1   Creates a List View for Veteran Requests

As of this release, users can generate a list of the first 200 Veteran appointment requests by selecting "Veteran" under the Tools section.
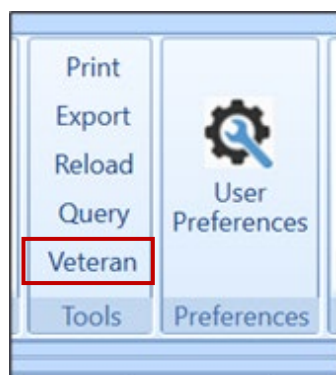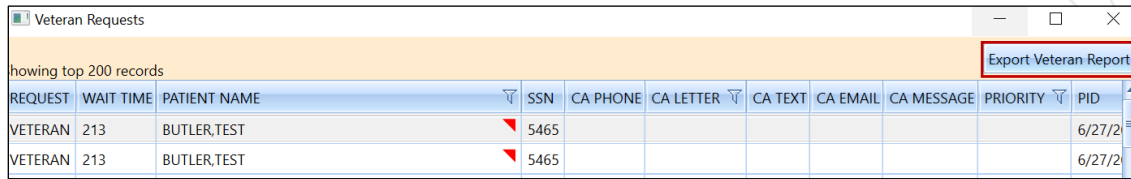

Figure 1: Screenshot showing where to Select "Veteran."

Figure 2: Example of a list showing the first 200 veteran appoint requests.

Users can export the list by selecting "Export Veteran Report."

Figure 3: Screenshot showing button for "Export Veteran Report."

3.2   Revises MISSION Act Eligibility Logic for Availability

The MISSION Act eligibility logic for availability has been revised, so a veteran is wait time eligible if:

- Selected date for new appointment is outside of the Wait Time Standard (WTS) where WTS is file entry date +19 (to equal 20 days) for PRIMARY CARE or file entry date +27 (to equal 28 days) for specialty care, AND
- There is no availability in the selected clinic for the appointment within the WTS where WTS is file entry date +19 (to equal 20 days) for PRIMARY CARE or file entry date +27 (to equal 28 days) for specialty care, AND
- Patient Indicated Date (PID) is within WTS where WTS is file entry date +20 for PRIMARY CARE or file entry date +28 days for specialty care.